

**Idaho Chaplains Corps, Inc.**  
**dba Community Care Network of Idaho**  
**PO Box 44483 Boise, ID 83711**

**Application for Membership on the Board of Directors**

1. Name, address and telephone number of individual applying for consideration to serve as a Board Member of the Idaho Chaplains Corps/Community Care Network of Idaho.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Are you currently an affiliate member of the Idaho Chaplains Corps?  
 No  Yes (Membership Number \_\_\_\_\_)

3. Please tell us something about yourself and how you think your involvement on the Board of Directors would help strengthen the organization. Be sure to include any information on your past history of experience, volunteer, or board participation. (*You may attach additional sheets if necessary.*)

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4. Please describe how well you think you will be able to carry out important activities such as fund raising, public speaking, attending Board meetings on a regular basis and participating in Idaho Chaplains Corp/Community Care Network work.

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5. Please feel free to add any further comments that you believe would be helpful in our decision – making process.

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6. Please include one-two paragraph biographical information.

Thank you for taking the time to apply to serve on the Idaho Chaplains Corps/Community Care Network Board of Directors.